Appendix G: Cover Sheets

Cover sheets are used when submitting back-up documentation to a claim, back-up documentation to an authorization, or sending information to Provider Enrollment. Cover sheets help the Agency quickly match back-up documents to claims that have been submitted via Direct Data Entry (DDE) or by batch submission. These cover sheets are necessary when mailing in back-up documentation without the original claim form or prior authorization form.

The forms are easy to use. While performing tasks in Provider One, the system will sometimes prompt the user to print a cover sheet. For example, when clicking the "submit claim" button while entering a DDE claim, the system will display a pop up box asking if back-up documentation is being sent. By clicking on the "OK" button, ProviderOne will go directly to the Document Submission Cover Sheet page. There are also additional cover sheets to use when sending documentation to the Agency. To get to the document coversheet web page go to

<u>http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html</u> and click on the document hyperlink for the cover sheet to be used. Below is a list of forms to use (forms that apply to pharmacies only are not listed).

Cover Sheet Name	When would it be used?
Provider Information Update Request	Providers are routinely asked to provide the Agency with new or updated information such as copies of licenses, etc. This coversheet is used in those instances when an already established provider is sending new or updated information that needs to be attached to the provider record.
Provider EFT Form	This is used when the provider is submitting the Electronic Funds Transfer Form (EFT).
ADA Dental Attachments	This is used when a paper ADA dental claim has been previously submitted and the supporting documentation was omitted. The TCN from the claim is required to use this form.
UB Attachments	This is used when an institutional claim (UB04) has been previously submitted and the supporting documentation was omitted. The TCN from the claim is required to use this form.
CMS 1500 Attachments	This is used when a paper professional claim (CMS 1500) has been previously submitted and the supporting documentation was omitted. The TCN from the claim is required to use this form.

ProviderOne Billing and Resource Guide

Cover Sheet Name	When would it be used?
ECB Attachments	The Electronic Claims Backup (ECB) coversheet is used when a claim is submitted batch or DDE through the ProviderOne portal. If submitting batch, attaching electronic supporting documentation is not possible at this time. If submitting claims through DDE, electronic supporting documents may be attached using the browser. If documentation is submitted in that fashion, paper is not needed.
PA Pend Forms	This form is used when submitting the supporting documentation for the Prior Authorization (PA) request that has been pended for additional information. The authorization number must be known in order to use this cover sheet.
CPA 08-048	This coversheet is used when submitting a signed Core Provider Agreement (CPA) to the Agency.
Provider Enrollment Supporting Docs	This coversheet is used when submitting a Provider Enrollment application or any documents that support that enrollment application.

After choosing the appropriate form, the provider will need to fill in some pertinent information (such as Claim Number (TCN), Client ID, PA ID, Rx Auth #, etc.). Once the required information is filled in, hit "enter" and a barcode will be generated. Then print the completed form by clicking on the PRINT button (NOT: File/Print). Do not make any modifications to these forms other than filling out the required information and generating the barcodes. The barcode contains critical information that helps the Agency link the supporting documents to the originals in ProviderOne. After printing the completed form, attach it to the supporting documentation, and submit either via fax (1-866-668-1214) or mail (Electronic Claim Backup Documentation [ECB], PO Box 45535, Olympia, WA 98504-5535).

A few tips about the cover sheets:

- Submit a separate cover sheet for each claim number (TCN) or client authorization for which submitting back-up documentation.
- If faxing multiple documents, each cover sheet and documentation set must be faxed separately. If mailing, however, multiple sets of documentation can be mailed in a single envelope.
- Save the link to the cover sheets as a "Favorite," but always get them real-time from the Web site to make sure to have the most current version. Do not save these to a desktop and re-use them. The barcodes generated are specific to a specific claim.
- Do not use a cover sheet when submitting an original claim or prior authorization form.

ProviderOne Billing and Resource Guide

Note: When filling out the cover sheet be sure to fill in <u>all</u> fields with information. Do not add a zero to any field if the information for that field is not available when filling out the cover sheet. Obtain the information then fill in the fields and print. <u>Do not</u> save the cover sheet for reuse as each cover sheet is specific to the document being sent to the Agency. Please do not use any software other than **ADOBE** for opening and generating the coversheet. The barcode used to link documents will not work properly using other software.